

**DIVISION CIRCULAR 10
(N/A)**

**DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES**

EFFECTIVE DATE: June 22, 2000

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(Replaces Division Circular 10, Health Care" issued May 1,2000)

- I. **TITLE:** Health Care
- II. **PURPOSE:** To establish procedures which ensure comprehensive health care for persons receiving services in developmental centers, community residences, community care homes or private facilities for the developmentally disabled. This circular addresses medical records, referral for treatment, release against medical advice, daily rounds in developmental centers and emergency medical care in developmental centers.
- III. **SCOPE:** This circular applies to developmental centers and private facilities for the developmentally disabled.

For community-based providers under contract with or regulated by the Division, those requirements contained in the appropriate licensing regulations shall be mandated.

The remaining contents of this circular shall be considered guidelines for community-based providers.

The requirements of this circular are not intended to apply to those persons living in their own homes on in living situations not under contract with or regulated by the Division.

IV. POLICIES:

- Persons receiving services shall have care that ensures their health, safety and well being.
- ... The Division encourages preventative medical care.
- ... Persons receiving residential services from the Division shall have a complete physical and dental examination at least annually. For a person attending an Adult Training Service Center, who does not live in a residential setting, an annual physical examination shall be required.
- ... The results of physical and dental examinations as well as consultations shall be recorded in the client record.
- ... Adults who are competent, have a right to refuse treatment. A guardian of an incompetent adult or a child has the right to refuse treatment.
- ... In developmental centers, the use of “as necessary” (PRN) orders or standing orders for psychotropic medication or mechanical restraints shall be prohibited.
- ... In privately licensed facilities for the developmentally disabled, the use of “as necessary” (PRN) orders for psychotropic medications or mechanical restraints shall be prohibited. The use of “as necessary” (PRN) orders for all other medication shall be reviewed every 30 days.
- ... In Community Residences for the Developmentally Disabled, the use of “as necessary” (PRN) orders shall conform with the licensing standards (N.J.A.C. 10:44A).
- ... All staff responsible to provide care to the individual served shall be aware of any medically necessary limitations and restrictions.
- ... Each person shall have an individual medical record, which readily reflects his or her health status.
- ... Each developmental center shall have the following committees:
 - Emergency Care
 - Infection Control

Mortality/Morbidity

Pharmacy Therapeutic

... Each developmental center shall maintain and/or recruit a roster of consultants in all specialties to be available to see individuals in the community. Working relationships should be established with community hospital and diagnostic facilities.

V. GENERAL STANDARDS

A. DEFINITIONS – For the purpose of this circular, the following terms shall have the meaning defined herein:

Emergency Care Committee – means a committee in a developmental center of key administrative and medical staff assigned to establish and review procedures and incidents relating to health emergencies. This committee reports its finds to the Chief Executive Officer (CEO) or his or her designee. This committee can be a subcommittee of the Mortality/Morbidity Committee.

Health Care Staff – means staff of the developmental center of private facility for the developmentally disabled who provide health care including but not limited to physicians, dentists, psychiatrists, nurses, pharmacists, physical therapist, occupational therapists, laboratory technicians, x-ray technicians and direct care staff.

Individual Habilitation Plan (IHP) – refer to Division Circular 35.

Mechanical restraints – refer to Division Circular 20.

Medical Records – means that portion of a client record which contains the individual's medical history as well as treatment plans, medical progress notes, consultations and reports.

B. All entries into the medical record shall be legible, dated and signed. The person making the entry shall be identified by title. Progress notes shall indicate the time of entry.

C. The medical record of each individual shall readily identify the primary health concerns and plans to address them. In facilities with health care staff, the problem-oriented system of medical charting shall be utilized.

VI. PROCEDURES:

A. Medical Record – General Health Care

The requirements of this section shall be mandatory for developmental centers and private facilities for the developmentally disabled. For community-based health care, these requirements shall be considered guidelines.

1. An annual complete physical examination with finds noted shall be performed. The physical examination shall require that:
 - a. Vision and hearing shall be grossly evaluated. For persons with observed problems, visual acuity and audiology studies shall be performed as clinically indicated.
 - b. The stool is tested of occult blood annually after age 50 for persons of average risk for colon-rectal cancer.
 - c. An annual breast examination is recorded for all adult women. Mammography and cervical cytology shall be performed in accordance with standards recommended by the American Cancer Society unless the physician documents that the tests are medically contraindicated.
2. A dental examination is preformed annually and treatment provided.
3. Diagnostic studies shall be performed when clinically indicated. These include, but are not limited to:
 - a. Laboratory tests including CBC (complete blood count), chemical profile (e.g. SMA), urinalysis, stool examination, hepatitis B profile and blood lead levels in accordance with Division Circular #49.
 - b. Electrocardiogram – Electroencephalogram and chest radiographs.

4. Immunization as follows:
 - a. Tetanus – diphtheria toxoid booster every 10 years or as clinically indicated.
 - b. Hepatitis B vaccine in accordance with Division Circular 9.
 - c. Homophiles, Poico, Measles, Mumps, Rubella Pneumococcus, Influenza Immunization, depending upon age.
5. A Mantoux skin test for tuberculosis shall be required every year.
 - a. If the Mantoux test is negative, the test shall be repeated yearly or upon exposure to a case of tuberculosis.
 - b. If the Mantoux test is positive, certification by a physician that the individual is contagion free shall be obtained initially and at yearly intervals.
6. Testing for blood lead levels upon admission as outlined by Division Circular 49.
7. Any abnormality discovered during the physical examination shall be treated or referred, as the physician deems necessary.
8. Consultation requests and reports shall be detailed and complete.
 - a. The consultation request and results shall be recorded in the client record.
 - b. The primary health care provider shall ascertain the results of any consultations and shall provide appropriate actions as medically necessary, based upon the consultant's findings and recommendations.
 - c. The IDTY shall be made aware of the results of any consultation.

9. There shall be a listing of significant health problems including but not limited to allergies, hypersensitivities, pica behavior, lead levels and major medical conditions prominently noted in the client record.

B. Refusal of Treatment

1. If the person is uncooperative with any part of a physical or dental examination, this shall be noted in the medical record.
2. Routine procedures may be postponed until the person is amenable to the procedure. Sedation and/or anesthesia may be needed to facilitate certain examinations and treatments.
3. In an instance where the person's health appears to be at risk and further evaluation is clinically indicated:
 - a. If the person is competent, every reasonable effort shall be made to counsel the person regarding the need for the evaluation as well as possible risks and benefits.
 - i. These efforts shall be documented in the client record.
 - ii. In the event that the person persists in refusing to allow the examination, he/she shall be asked to sign a statement verifying the refusal against advice of staff.
 - iii. Such refusal shall be documented in the person's record.
 - b. Unless an emergency exists, if the person is a minor or an incompetent adult, the parent or guardian shall be requested to give informed written consent for the utilization of the most suitable, least restrictive form of restraint, sedation or general anesthesia to allow the implementation of the examination.
 - c. If the person has not been adjudicated incompetent but there is an emergent medical need and there is reason to believe that the individual requires a

guardian with respect to medical decisions, the CEO or Regional Administrator may refer the matter to the Chief, Bureau of Guardianship Services for possible application for the appointment of a special guardian. (Refer to Division Circular #32.)

- d. If the guardian of a minor or incompetent adult appears to unreasonably withhold permission to conduct the examination, the CEO or Regional Administrator may refer the matter to the Chief, Bureau of Guardianship Services for possible application for the appointment of a special guardian.

C. Release From Developmental Centers, Private Facilities for the Mentally Retarded and Residential Programs

1. If a competent adult receiving services demands release or the guardian of an incompetent adult or of a minor demands release of an individual, a physical examination shall be completed before release.
2. A medical summary of the individual's condition shall be prepared and retained on file.
3. If the medical history or examination reveals information contraindicating release, the individual or his/her guardian shall be informed of the findings in writing prior to release.
4. If the individual or his/her guardian continues to demand release, a Release Against Advice document shall be signed by the individual or guardian.
5. Based upon the information contraindicating release, the Division may wish to contest the release in court through appropriate channels.

(N.B. The requirements in the remainder of this circular apply only to developmental centers. In order to aid the reader, each section shall begin "Each developmental center"...)

D. Each developmental center shall develop communication procedures to comply with the guidelines contained in this circular.

1. Reporting procedures shall be established to ensure that significant information is passed from off-going to on-coming

nursing staff for each shift. That information shall be disseminated to direct care staff.

2. A “morning report” meeting shall be attended by all physicians and key nursing staff to review all significant information relevant to occurrences during evenings, nights, and weekends.
3. Daily rounds shall be conducted by the physician and appropriate staff in the assigned units.
4. Procedures for admission to and discharge from the infirmary of the center shall be developed.

E. Each developmental center shall develop procedures for admissions to the Infirmary.

1. Upon each admission to the infirmary, a description of the condition precipitating admission, shall be provided by the treating physician. Within 24 hours, the individual shall receive a physical examination and any physician orders shall be recorded.
 - a. Daily progress notes shall be made by the physician while the individual is being treated for an acute health condition.
 - b. Nursing progress notes shall be completed for each shift while the individual is in the infirmary.
 - c. A discharge summary shall be provided to the living unit when the individual is transferred from the infirmary.
 - d. A copy of the individual’s medical history record may be maintained in the infirmary unit.

F. Each developmental center shall develop procedures for Annual Medical Assessment.

1. An Annual Medical Assessment shall be developed for each individual and made part of the IHP.
 - a. The assessment shall include strategies for the prevention of problems to which the individual is susceptible.

- b. The assessment shall address such concerns as diet, fluid intake, exercise, recreation, medication, weight, nutrition, drug side effects, constipation, immunization, personal hygiene, dental hygiene, and aberrant behavior.

G. Each developmental center shall establish an Emergency Care Committee

- 1. Outside consultants not employed by the developmental center shall be invited to become members. If outside consultants cannot be recruited, staff of nearby developmental centers shall be invited to participate in the committee.
- 2. At least every three months a mock medical emergency drill shall be held at each developmental center. Emergency equipment demonstrations shall be held as needed but no less than annually.
- 3. The record of each mock medical emergency drill shall be forwarded to the Emergency Care Committee. All actual emergencies shall be reviewed by the Emergency Care Committee.

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